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Debtor 1 First Name Middle Name Last Name	
Debtor 2	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: District of	
Case number Check if this is	
☐ An amende	ed filing ent showing postpetition chapter 13
	of the following date:
Official Form 106I	YYYY
Schedule I: Your Income	12/15
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), supplying correct information. If you are married and not filing jointly, and your spouse is living with you, in If you are separated and your spouse is not filing with you, do not include information about your spouse. I separate sheet to this form. On the top of any additional pages, write your name and case number (if known Describe Employment	nclude information about your spouse. If more space is needed, attach a
1. Fill in your employment information. Debtor 1	Debtor 2 or non-filing spouse
	<ul><li>□ Employed</li><li>□ Not employed</li></ul>
Include part-time, seasonal, or self-employed work.	
Occupation may include student or homemaker, if it applies.	
Employer's name	
Employer's address	
Number Street Nu	umber Street
City State ZIP Code Cit	ty State ZIP Code
·	ly State ZIP Code
How long employed there?	
Part 2: Give Details About Monthly Income	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 spouse unless you are separated.	0 in the space. Include your non-filing
If you or your non-filing spouse have more than one employer, combine the information for all employers for tha below. If you need more space, attach a separate sheet to this form.	at person on the lines
	or Debtor 2 or on-filing spouse
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$	\$
3. Estimate and list monthly overtime pay. 3. +\$ +	\$
4. Calculate gross income. Add line 2 + line 3. 4. \$	\$

Official Form 106l Schedule I: Your Income page 1

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Case number (if known)\_

Debtor 1

First Name Middle Name	

			For Debtor 1	For Debtor 2 or non-filing spouse		
Copy	y line 4 here	4.	\$	\$		
5. <b>List a</b>	all payroll deductions:					
5a.	Tax, Medicare, and Social Security deductions	5a.	\$	\$		
5b.	Mandatory contributions for retirement plans	5b.	\$	\$		
5c.	Voluntary contributions for retirement plans	5c.	\$	\$		
5d.	Required repayments of retirement fund loans	5d.	\$	\$		
5e.	Insurance	5e.	\$	\$		
5f.	Domestic support obligations	5f.	\$	\$		
5g.	Union dues	5g.	\$	\$		
5h.	Other deductions. Specify:	5h.	+\$	+ \$		
6. <b>Add</b>	I the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	\$		
7. Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	\$		
8. List	all other income regularly received:					
	Net income from rental property and from operating a business, profession, or farm					
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$		
	Interest and dividends	8b.	\$	\$		
8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive		<b>4</b>	· · · · · · · · · · · · · · · · · · ·		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	. \$		
8d.	Unemployment compensation	8d.	\$	\$		
8e.	Social Security	8e.	\$	\$		
	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ice				
	Specify:	8f.	\$	\$		
8g.	Pension or retirement income	8g.	\$	\$		
8h.	Other monthly income. Specify:	8h.	+\$	+\$		
9. <b>Add</b>	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	\$		
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	]+		
Inclu frien	e all other regular contributions to the expenses that you list in Schedule contributions from an unmarried partner, members of your household, you relatives.	our d	ependents, your ro			
	not include any amounts already included in lines 2-10 or amounts that are			enses listed in <i>Schedule J.</i>		
	oify:					
	the amount in the last column of line 10 to the amount in line 11. The e that amount on the Summary of Your Assets and Liabilities and Certain S			<b>*</b>	ned	
monthly income 13. Do you expect an increase or decrease within the year after you file this form?						
	□ No.					
_	Yes. Explain:					